

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 355082	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/21/2020
NAME OF PROVIDER OF SUPPLIER AVE MARIA VILLAGE		STREET ADDRESS, CITY, STATE, ZIP 501 19TH ST NE JAMESTOWN, ND 58401	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, record review, review of facility's policy, and staff interview, the facility failed to follow infection control standards for 5 of 11 residents (Resident #4, #5, #6, #7, and #8) on isolation precautions. Failure to provide isolation signage for residents on isolation/enhanced precautions has the potential to spread infection to other residents, personnel, and visitors. Findings include: Review of the facility policy titled Risk, Prevention, and Response occurred on 10/21/20. This policy, dated October 2020, stated, . Prevention . post signs at the entrance instructing visitors not to visit . educate staff on proper use of personal protective equipment and application of standard, contact, droplet and airborne precautions, including eye protection . promote easy and correct use of personal protective equipment (PPE) by: . Posting signs on the door or wall outside of the resident room that clearly describe the type of precautions needed and required PPE . considerations for admitting residents with suspected or confirmed COVID-19 . prepare to create separate wings, units, floors by moving current residents to handle hospital admissions . if the facility currently has suspected or confirmed COVID-19 cases, admit to a private room on transmission-based precautions . do not admit if the facility is unable to meet the level of care needs or the requirements for transmission-based precautions . Observation on the afternoon of 10/21/20 of the facility's three wings (Cottonwood, Dakota, Acorn) identified five residents (Resident #4, #5, #6, #7, and #8) with isolation carts outside their rooms. An administrative staff (#1) stated the residents were on isolation, enhanced precautions due to COVID-19 and [MEDICAL CONDITION] Staphylococcus Aureus (MRSA) precautions. Review of nurses notes occurred on 10/21/20 and showed Resident #4, #5, #7, and #8 to be on isolation precautions, and Resident #6 [MEDICAL CONDITION] precautions. During an interview on the afternoon on 10/21/20, an administrative staff (#1) stated the facility did not place precaution signage outside some of the isolation residents' rooms. The facility failed to place signs outside the residents' rooms indicating the type of precautions needed and required PPE.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.